DECLARATION FOR "371" APPLICATION Page 1 of 2

COMBINED DECLARA	PU5020USw					
APPLICATION WITH I	First Names Inventor: DUAN					
			Complete if known:			
			App No.:			
() Declaration submitted with initial fili						
() Declaration submitted after initial fili	Filing Date					
() Decidration scommed areas						
			Group Art Unit:			
As below named in	iventor. I hereby declare that:					
My residence, post office ac	ldress and citizenship are as stated be	low next to my name.				
	irst and sole inventor (if only one nan elow) of the subject matter which is cl					
CYCLOHEXYL COMPOUNDS AS CCR5 ANTAGONISTS						
the specification of which (check only one item below):					
[]is attached hereto. OR						
[x] was filed on	as United States application S	erial No or PCT I	nternational			
• •	US03/39732 filed Dec. 12, 2003 and oplicable)	d was amended on (MM/DD/YYY	(Y)			
·	viewed and understand the contents onent specifically referred to above.	f the above-identified specification	n, including the claims,			
I acknowledge the duty to d	lisclose information which is material	to patentability as defined in 37 (CFR §1.56.			
I hereby claim foreign priority benef	its under 35 U.S.C. §119 (a)-(d) or §3	65(b) of any foreign applications	(s) for patent or			
inventor's certificate or 365(a) of any	y PCT international application which	designated at least one country o	ther than the United			
	have also identified below, by checking					
	al application having a filing date before IORITY CLAIMS UNDER 35 U.S.		th priority is claimed:			
Prior Foreign Application	Country	Foreign Filing Date	PRIORITY			
Number (s)	•	(MM/DD/YYYY))	CLAIMED			
1.						
2.						
3.						
4.						
5.						
I hereby claim the benefit under Titl	e 35, United States Code §119(e) of a	ny United States provisional appl	ication(s) listed below:			
Application No.		te (MM/DD/YYYY)				
1. 60/433,552		12/13/2002				
2.		·				
3.						

DECLARATION FOR "371" APPLICATION Page 2 of 2

COMBINED DECLARATION FOR UTILITY or DESIGN	
PATENT APPLICATION WITH POWER OF ATTORNEY Co	ntinued

ATTORNEY'S DOCKET NUMBER PU5020USw

Thereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, Lacknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

			STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DÐ/YYYY)	PATENTED	PENDING	ABANDONED	
POWER OF ATTORNEY: As a named investigation	ntor, I hereby appoint the practition	ers associated with the	Customer Numbers	provided below to	
prosecute this application and to transact all but		Office connected therev	vith		
Customer Number 23347 and Customer Number	er 20402				
	11 C (N 1 22	247	Direct Telephone Ca	alls to:	
Address all correspondence and telephone	calls to Customer Number 23	<u>347</u>	Direct Telephone Ca	alls to:	
David J. Levy	calls to Customer Number 23	<u>347</u>	•	alls to: . Deppenbrock	
David J. Levy Corporate Intellectual Property	calls to Customer Number 23	<u>347</u>	Bonnie L		
David J. Levy Corporate Intellectual Property GlaxoSmithKline	calls to Customer Number 23	<u>347</u>	Bonnie L	. Deppenbrock	
David J. Levy Corporate Intellectual Property		<u>347</u>	Bonnie L	. Deppenbrock	

belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	DUAN	Maosheng	
-	INVENTOR'S	Signature	3	Date:
	SIGNATURE	Claoskery 20		2/16/2004
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC	CN
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	KAZMIERSKI	Wieslaw	Mieczyslaw
	INVENTOR'S	Signature	/// -	Date: 2 - 16-2004
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham /	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FANILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	AQUINO	Christopher	Joseph
	INVENTOR'S	Signaturo	//-	Date:
	SIGNATURE	Durham Joseff	Tur	2.16-2004
0	RESIDENCE &	CITY / //	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham /	NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	A DDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		